

**Congregation Shir Hadash Religious School/Hebrew High Registration Application
2009-2010**

(A separate form must be filled in for **EACH** child attending school. Please fill out **BOTH** sides.)

Student's Name _____ (Please print)
Last First Middle
Date of Birth _____ Male/Female _____ Secular School _____ District _____

Does this child have a cell phone or e-mail address? Please list: _____

Grade in 09-10: Sunday School _____ Hebrew Grade _____ Hebrew High Grade _____ Secular Grade _____

Hebrew Grades: Aleph (3rd), Bet (4th), Gimmel (5th), Dalet (6th). Students entering 3rd grade must be enrolled.

Choice of day for Hebrew class: (Based on first-come, first-served) Tuesdays Thursdays Tutoring

If possible, my child would like to be placed with this friend: _____

Household 1:

Parent(s) name(s) _____ Home phone _____

Address _____ City _____ Zip _____

Work phone(s) _____ Cell phone(s) _____

Email(s) _____

Household 2:

Parent(s) name(s) _____ Home phone _____

Address _____ City _____ Zip _____

Work phone(s) _____ Cell phone(s) _____

Email(s) _____

School information should be sent to both households? Yes _____ No _____

Custody arrangements, if applicable: _____

Family Participation Obligation Statement

Core values at Shir Hadash Religious School include Partnership (Shutafut), Responsibility (Achri'ut) and Relationships (Yechasim). To further these values, each family is required to volunteer a minimum of **two hours per year**. Enclosed is a list of volunteer activities. You will be contacted in a timely fashion about fulfilling your commitment.

Our family agrees to participate a minimum of two hours a year at the Shir Hadash Religious School.

Signature of Parent: _____ Date: _____

CONTINUE ON REVERSE SIDE

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My student has the following allergies or health considerations: _____

In the event of an emergency, I authorize the school to obtain emergency medical treatment for my child, and to contact me immediately. If I am unavailable for emergency, contact:

Name	Relationship	Phone #
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Name	Relationship	Phone #
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If I am unable to pick up my student from school, you are authorized to release my child to:

Name	Address	Phone#
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In case of injury, if parents or physician are not available, I (we) the undersigned parent or legal guardian of the above named child, do hereby authorize the Congregation Shir Hadash Religious School to either administer first aid that they deem necessary, or release the child to an Emergency Hospital or Center for further treatment.

Physician's Name	Phone #	Insurance	Policy Number
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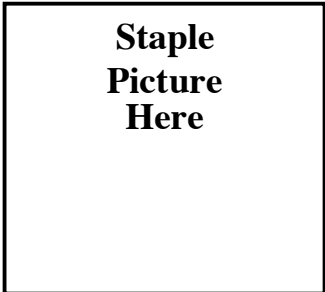
Signature of Parent _____ Date _____

I give unconditional permission to Congregation Shir Hadash to photograph me and/or my child(ren) and use the photographs to publicize Congregation Shir Hadash and its programs and activity in publications, advertisements, web sites or news articles pertaining to Congregation Shir Hadash, without payment or other compensation of any kind. I hereby certify that I am the parent or guardian of _____

For the person(s) named above, I do give consent without reservations to the foregoing on behalf of the minor(s) above.

Signature of Parent _____ Date _____

For safety and security and to help our staff get to know each student we are requesting a recent picture (photocopy okay) of your student.



Registration Deadlines: Early bird deadline: June 8
Regular deadline: July 27

*Registrations received after July 27 will incur a late fee.
The late fee does not apply to new members who join after June 15.*